

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | 68 | | | | | |
| TOTAL CLAIMS | 72 | | | | | |

| | IND. | | DEP. | | IND. | | DEP. | | IND. | | DEP. | |
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| 100 | | | | | | | | | | | | |
| TOTAL IND. | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | |

Best Available Copy